
**New Jersey Department of Health and Senior Services
Terrorism and Public Health Emergency
Preparedness and Response Plan**

Executive Summary

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**James E. McGreevey
Governor**



**Clifton R. Lacy, M.D.
Commissioner**

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In a press release dated January 24, 2002, Governor James E. McGreevey stated: "In the aftermath of September 11th, it has become essential to develop plans to protect New Jersey families from a new kind of threat within our Nation's borders." The World Trade Center attack and subsequent anthrax events challenged New Jersey's public health and health care systems to respond to acts of terrorism.

Although our health systems responded admirably to the events of last fall, these experiences prompted an assessment of capabilities and capacities and identified opportunities for improvement in preparedness and response to future public health emergencies.

To develop a comprehensive plan for responding to bioterrorism and public health emergencies, then Governor-Elect James E. McGreevey convened a multidisciplinary panel of experts known as The Medical Emergency and Disaster Prevention and Response Expert Panel (MEDPREP) in November 2001. Chaired by NJ Department of Health and Senior Services (NJDHSS) Commissioner Clifton R. Lacy, M.D., this group includes health care leaders from across the state with expertise and experience in planning for and responding to the full spectrum of health care emergencies. Panel members include specialists in emergency medicine, infectious diseases, trauma, emergency medical services, nursing, pharmacy, health education, emergency management, pre-hospital and hospital health care, and public health. MEDPREP members are subject matter experts and have expertise and practical experience gained during such events as the World Trade Center attacks, the New Jersey anthrax incidents, Hurricane Floyd, the Miami riots, and the Hyatt Hotel collapse.

To build the necessary public health care infrastructure, in February and March 2002, NJDHSS completed an evaluation and needs assessment using several sources including: a Departmental self-assessment of responses to the events of Fall 2001; a survey of key public health agencies, health care providers and organizations, and a review of studies conducted by the New Jersey Hospital Association, the NJDHSS for the Department of Justice, and the New Jersey Primary Care Association.

After evaluating the public health care system and reviewing the MEDPREP recommendations, the NJDHSS prepared a Terrorism and Public Health Emergency Preparedness and Response Plan (the Plan). This Plan outlines the Department's response to a public health emergency or bioterrorism event, and identifies strategies to enhance preparedness.

THE PLAN

The NJDHSS Terrorism and Public Health Emergency Preparedness and Response Plan is divided into three sections.

Section 1

Section 1 of the document describes existing protocols and selected ongoing and future initiatives of the New Jersey public health care system. It details the preparation, planning, implementation and coordination of activities associated with health emergencies, outbreaks of disease, and terrorism events.

This section is divided into 9 chapters that include the following information:

Chapter 1 – Introduction. This chapter describes the layout of the report, the organization of responding agencies, and relevant legal statutes governing emergency response.

Chapter 2 – Concept of Operations. This chapter describes the organization of NJDHSS operations, the mechanism for reporting and confirming a public health emergency, and activation of emergency operations

Chapter 3 – NJDHSS Command and Control. This chapter describes the command structure within the NJDHSS, including roles and responsibilities of key personnel, the activation of the Health Command Center and/or Public Health Emergency Operation Center, and activation of the Emergency Communications Network.

Chapter 4 – Incident Detection. This chapter describes mechanisms for early detection and rapid confirmation of a chemical, biological, or radiological event. The NJDHSS Potassium Iodide Distribution Plan is referenced. In addition, hazardous material events are addressed.

Chapter 5 – Surveillance Response During Public Health Emergencies. This chapter outlines electronic reporting systems for reportable diseases as well as capacity and utilization of the New Jersey Public Health and Environmental Laboratories. It also documents procedures to be followed when collecting and submitting samples to the laboratory.

Chapter 6 – Safety. This chapter details mechanisms for maintaining safety and security of personnel as well as confidentiality of sensitive reports and records. In addition, enhanced building security is addressed.

Chapter 7 – Hospital and Health Care Workforce Response Activation. Rapid and effective response in a disaster situation requires close coordination between NJDHSS, acute care hospitals and health care providers throughout the State. This chapter outlines the planning, implementation and use of the 800 MHz radio Hospital Communications Network, discusses regulatory requirements for health care institutions during disasters, and outlines mechanisms for credentialing and utilizing health care workers. In addition, hospital surge

capacity is discussed as well as utilization of specialty responders such as HAZMAT teams.

Chapter 8 – EMS Systems. This chapter addresses the coordination and command and control of emergency medical services (i.e. paramedics, emergency medical technicians, etc.) during a disaster. Coordination under Emergency Support Function #8 of the State Emergency Response Plan is discussed.

Chapter 9 – Logistics. This chapter deals with mass vaccination and mass distribution of medication. Plans include incorporating the National Pharmaceutical Stockpile into state responses, development of vaccination procedures, development of medication stockpiles, and the authority and utilization of quarantine. In addition, mental health issues are discussed.

Chapter 10 – Mass Fatalities. This chapter outlines policies and procedures for dealing with mass fatalities.

Section 2

Section 2 of the report presents the NJDHSS Terrorism and Public Health Emergency Preparedness and Response Work Plan (the Work Plan). The Work Plan is based on an evaluation of the existing capabilities, capacities, policies and procedures of the New Jersey public health care system and desired targeted goals. It lists three hundred discrete measurable objectives, responsible parties, and defined timelines to improve preparedness for and response to public health emergencies including acts of terrorism.

Section 3

Section 3 of the document provides important reference materials and various other subject matter resources.

This Plan supplements several key state planning documents including the Terrorism Incident Annex, Bioterrorism Annex, Health and Emergency Medical Annex (ESF#8), and Public Information Annex (ESF#13) of the State of New Jersey, Emergency Operations Plan.

FUNDING OBTAINED:

- NJDHSS received \$27.2 million from the federal Centers for Disease Control and Prevention (CDC) and Health Resources Service Administration (HRSA) to upgrade New Jersey's level of readiness for bioterrorism and public health emergencies.
- Governor McGreevey allocated \$12.5 million in the State FY03 budget to enhance preparedness for and response to health-related aspects of terrorism.

SELECTED COMPLETED PLAN ELEMENTS:

- The Medical Emergency and Disaster Prevention and Response Expert Panel (MEDPREP) was formed in November 2001. The MEDPREP recommendations have been merged with Department of Health and Senior Services preparedness efforts to create a comprehensive State of New Jersey Department of Health and Senior Services Terrorism and Public Health Emergency Preparedness and Response Plan. MEDPREP has now been expanded to become the MEDPREP Terrorism Advisory Committee for subject matter expertise in pre-event public health care preparedness. MEDPREP members will also provide on-site consultation during events affecting public health. MEDPREP health care experts also serve as an "on-call" rapid response team for suspected biological events.
- Coordinated the purchase and installation of the New Jersey Hospital Communications Network - 800 MHz trunked two-way radios for all NJ acute care hospitals and appropriate state government agencies.
 - Interoperable, reliable communications system.
 - Back-up system to land line and cellular telephone systems.
 - Provides alerting mechanism for individual and/or groups of hospitals.
 - Installation expected to be completed by the end of calendar year 2002.
 - New Jersey is the first state in the nation to be implementing this communication system to interconnect all acute care hospitals with state government.
- Developed and distributed to the public and private sector mail handling guidelines for suspicious letters or packages.
- Developed and implemented anthrax surveillance capability and capacity.
- Developed and issued guidelines for physicians on distinguishing anthrax from other influenza-like illness.
- Increased laboratory security, improved specimen handling and processing practices to more efficiently handle high volumes of specimen submissions, developed protocols and procedures to guide in the field acquisition of samples for submission.

- Developed and issued guidelines for workers to protect themselves from exposure to anthrax.
- Developed and implemented active hospital surveillance for Emergency Department and Intensive Care Unit patients from hospitals to detect possible bioterrorism cases. 240,000 Emergency Department visits and 7,100 Intensive Care Unit admissions were tracked.
- Surge Capacity
 - Developed a compendium of medications and supplies necessary to meet initial medical/surgical needs until arrival of the National Pharmaceutical Stockpile.
 - Identification of surge capacity of hospitals and alternate care sites is in progress.
- Developed expertise in receipt, distribution, and use of pharmaceuticals from the National Pharmaceutical Stockpile.
- Developed and implemented a web-based Communicable Disease Reporting System (CDRS)
 - Currently in use by NJDHSS and 3 Local Information Network Communication System (LINCS) sites and scheduled for roll-out to all LINCS sites, health departments, and hospitals in the next year.
- Designed, coordinated, and/or participated in numerous training exercises and drills.
- NJDHSS Emergency Operations Center, equipped with state-of-the-art communications equipment, is nearing completion.
- Developed a risk communications strategy for the public, the media, government, and local, state and regional health agencies and health care providers.
- Implemented a Reverse 9-1-1 capability to notify public health, government, and health care partners regarding health emergencies. The system contacts individuals through multiple means of communication including cell phone, pager, e-mail, and fax.

Radiological Emergency Preparedness - Potassium Iodide (KI) Distribution

- 720,000 pills received from the Nuclear Regulatory Commission in April 2002.
- Pills made available and distributed to people living or working within 10-mile Emergency Planning Zones (EPZ) surrounding New Jersey's nuclear generating stations.
- Pills stockpiled at Evacuation Reception Centers and also at strategic locations for deployment around New Jersey.
- A total of 25,000 tablets distributed to 5,900 individuals.
- Six public education and distribution sessions were held at Reception Centers on evacuation routes.
- Supplies of KI tablets distributed to 50 public and private schools in the 10-mile EPZs of the State's four nuclear generating stations.
- KI also to be offered to health care facilities and correctional facilities within the 10-mile EPZs.

MEDPREP On-Call Rapid Response Capability - Suspected Biological Event

- In the late night of July 4, 2002, a migrant farm worker presented to a hospital in New Jersey with fever and a rash suspicious for infection with an agent of bioterrorism.
- The Emergency Department physician, who had completed continuing education training on bioterrorism, became concerned that the patient's clinical presentation was compatible with smallpox.
- The nearest Infectious Disease specialist was 40 miles away and felt uncomfortable about having sufficient expertise to differentiate smallpox from other febrile illnesses having pustular exanthems.
- NJDHSS was notified and NJDHSS Commissioner immediately informed.
- The NJDHSS Commissioner and MEDPREP on-call Infectious Diseases expert spoke with the ER physician and local Infectious Diseases specialist.
- The MEDPREP Infectious Diseases expert was deployed by helicopter from northern New Jersey to the hospital in southern New Jersey, where he performed an urgent thorough evaluation of the patient.
- The initial call from the hospital was received by NJDHSS at 11:30 PM. The patient evaluation was complete and the diagnosis of pustular varicella (an unusual presentation of chicken pox) was made by 3:30 AM. Appropriate state government officials were informed that the situation was not bioterrorism.